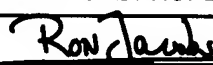
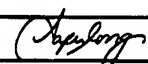


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/562717
		Filing Date	12/23/2005
		First Named Inventor	Stephen Latham Goldson
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	JAW-101/PCT/US

ENCLOSURES (<i>Check all that apply</i>)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other (<i>Specified below</i>)
Other: Response to Denial of Petition _____ Reply (2 pages) _____ Exhibit A (20 pages) _____ Declaration (4 pages) _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.	
SIGNATURE		
PRINTED NAME	Ron Jacobs	
DATE	7/2/07	REGISTRATION NUMBER 50,142

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	7/2/07

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2005		Application Number	10/562717
		Filing Date	12/23/2005
		First Named Inventor	Stephen Latham Goldson
		Art Unit	
<input type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	
TOTAL AMOUNT OF PAYMENT	\$120	Attorney Docket Number	JAW-101/PCT/US

METHOD OF PAYMENT (Check all that apply)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. Excess Claims Fees							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims		Fee (\$)		
-	20		X		\$50 (\$25)		\$0
Indep. Claims	Threshold		Extra Claims		Fee (\$)		
-	120.00		X		\$200 (\$100)		\$0
Multiple Dep. Claims					Fee (\$)		
<input type="checkbox"/>					\$360 (\$180)		
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X		\$250 (\$125)		\$0
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)							
Other: one month extension							120.00

07/09/2007 LANDGRA 00000019 10562717
01 FC:1251

SIGNATURE <u>Ron Jacobs</u>			
PRINTED NAME	Ron Jacobs	TELEPHONE	650-424-0100
DATE	7/2/07	REGISTRATION NUMBER	50,142